Certificate
State Financial Assistance
Fiscal Year 2006-07

Pursuant to Section 101225 of the Health and Safety Code

_____

(Name of Local Health Department)

Certification by Local Health Officer

I hereby certify that the above-named local health department shall, in this fiscal year, meet the minimum standards for state aid and expend state aid funds as set forth in Title 17 of the California Code of Regulations, Division I, Chapter 3, Subchapter 1, Standards for State Aid for Local Health Administration.

Health Officer

Name: _____

(Print or Type)

Original Signature: _____ **Date:** _____

PLEASE RETURN THE ORIGINAL CERTIFICATE TO THE FOLLOWING ADDRESS:

California Department of Health Services
Office of County Health Services
Attention: County Health Services Unit
MS 5202
P.O. Box 997413
Sacramento, CA 95899-7413

(916) 552-8016